A PORTRAIT OF HOMELESSNESS IN GREATER SAINT JOHN

Written by: Belinda Allen
Published by: Human Development Council

March 2008
Copies of this report are available from:

Human Development Council
Third Floor, City Market, 47 Charlotte Street
PO Box 6125, Station A
Saint John, New Brunswick  E2L 4R6
(506) 634-1673
hd@nmet.nb.ca
www.humandevelopmentcouncil.nb.ca

Photo Credits:
Lauchlan Ough
Hemmings House Pictures
**TABLE OF CONTENTS**

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forward</td>
<td>4</td>
</tr>
<tr>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>Setting the Scene</td>
<td>7</td>
</tr>
<tr>
<td>Available Programs and Services</td>
<td>8</td>
</tr>
<tr>
<td>Shelter Capacity</td>
<td>17</td>
</tr>
<tr>
<td>Usage</td>
<td>19</td>
</tr>
<tr>
<td>Scope of the Problem (Numbers and Gaps)</td>
<td>21</td>
</tr>
<tr>
<td>Findings and Recommendations</td>
<td>26</td>
</tr>
<tr>
<td>Conclusion</td>
<td>29</td>
</tr>
<tr>
<td>References</td>
<td>30</td>
</tr>
</tbody>
</table>

Appendices

- Appendix A: Glossary of Terms
- Appendix B: Vulnerable Neighbourhood Community Profiles
- Appendix C: Stakeholder Consultations
- Appendix D: Homelessness Awareness Day Fact Sheets
FORWARD

The Human Development Council (HDC) is the local social planning council working with citizens in Saint John to improve our community's overall quality of life. It has two key functions; an information role of linking citizens to human services and a proactive role of developing solutions to meet our community's challenges.

“It can happen to anyone….anyone can end up in this situation. All it takes is for one thing to go wrong.”

~ Sheltered Homeless Individual

Among these community challenges is the issue of homelessness. Given the population of the Saint John region, homelessness is not something that citizens observe on a day-to-day basis. Without visual evidence like people sleeping on streets or in parks, as one might see in bigger cities like Toronto or Vancouver, one could conclude that there was no homelessness at all, but that would be untrue.

Through this report, the HDC hopes to highlight the scope of the problem within our community and our capacity to deal with it. HDC challenges each and every one of us to think about what you can do to make a difference. Too often we focus on what makes a person homeless rather than considering what factors are keeping them there.
INTRODUCTION

Homelessness is an extreme form of poverty characterized by the instability of housing and the inadequacy of income, health care supports and social supports.\(^1\) Homelessness includes absolute (living on the street or chronic) homelessness, sheltered homelessness, hidden homelessness, and those who are at-risk of homelessness or unstably housed.\(^2\)

There are very few accurate national or local statistics available on homelessness because there are no reliable methods for counting the number of people experiencing homelessness. Some non-governmental sources estimate that Canada’s true homeless population, not just those using emergency shelters, ranges between 200,000 and 300,000.\(^3\) Statistics Canada, as part of the 2001 Census, estimated that there are more than 10,000 homeless people using shelters on any given night.

In February 2007, a youth homelessness count was performed in Saint John. It found that there were 45 young people aged 16 to 24 years of age without a home.\(^4\) These figures were believed to be an under representation of the true situation. As part of the 2001 Census, Statistics Canada performed a point in time estimate for the Saint John CMA. Their results concluded that on census day, there were 90 individuals using shelters (85 male and 5 female; comprised of 15 between the ages of 15-34, 60 between the ages of 35-64, and 15 that were 65+).

The causes of homelessness are multiple and complex. It is the result of a number of economic and social factors that impact an individual or family at a personal level. Many cases of homelessness are the result of an intersection of structural factors, personal histories and individual characteristics. Structural factors include the growing gap between the rich and the poor and a decrease in affordable housing or in services, supports and social assistance. Personal histories and individual characteristics are normally the result of catastrophic events such as loss of employment, family breakup, onset of mental and/or other debilitating illness, substance abuse by oneself or family members, history of

---


\(^2\) See Appendix A for Glossary of Terms.


physical, sexual or emotional abuse, or involvement in the child welfare system. Homelessness is linked with poverty, domestic violence, and substance use. While all of these situations may not cause an individual to become homeless, the link increases their risk.⁵

Under the two rounds of federal homelessness funding which began in 2000, the Homelessness Partnering Strategy (HPS) and the National Homelessness Initiative (NHI) (Regional Homelessness Fund and Supporting Community Partnerships Initiative (SCPI)), the Saint John region received a total of $1,217,090.⁶ Funds went towards a variety of projects including staffing for existing facilities or new projects, renovations, new programs and facilities, and research. There is still however much that is left to be done.

This report describes the current situation and our community’s capacity to respond to homelessness. It provides an assessment of the scope of the problem along with potential findings for improvements.

---

⁶ Regional Office, Service Canada
SETTING THE SCENE

A Portrait of Homelessness in Greater Saint John draws upon several months of stakeholder consultations with local service providers along with a review of local and national research on homelessness. The data in this report is based on information provided through stakeholder interviews and Statistics Canada.

This report’s focus is the City of Saint John rather than the Greater Saint John region. The City of Saint John has the highest incidence of poverty (City of Saint John: 27.8%, Quispamsis: 11.4%, Rothesay: 8.8%, and Grand Bay-Westfield: 11.6%)\(^7\) and the lowest average income (City of Saint John: $26,053, Quispamsis: $33,868, Rothesay: $39,295, and Grand Bay-Westfield: $32,769)\(^8\), two of the key contributors to homelessness. Homelessness and poverty are inextricably linked. It is no coincidence that most of the service providers and programs offered for those who are homeless or at-risk of homelessness are located or offered in the City.

Poverty is not equally distributed in Saint John. In fact, the city leads the country in neighbourhood concentrations of poverty.\(^9\) The five neighbourhoods with the highest rates of poverty are Crescent Valley, the South End, the Lower West Side, the Old North End, and the Waterloo Village.\(^10\) The incidence of low income is very high in these vulnerable neighbourhoods.

<table>
<thead>
<tr>
<th>Vulnerable Neighbourhoods</th>
<th>Incidence of Low Income</th>
<th>Average Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crescent Valley</td>
<td>67.0%</td>
<td>$13,266</td>
</tr>
<tr>
<td>South End</td>
<td>38.0%</td>
<td>$17,575</td>
</tr>
<tr>
<td>Lower West Side</td>
<td>36.9%</td>
<td>$35,596</td>
</tr>
<tr>
<td>Old North End</td>
<td>51.6%</td>
<td>$15,699</td>
</tr>
<tr>
<td>Waterloo Village</td>
<td>48.1%</td>
<td>$17,667</td>
</tr>
</tbody>
</table>

These neighbourhoods are also home to some of the oldest housing stock in the city – nearly one half of the housing units were built before 1946. Many of these buildings fall well below modern standards of safety and comfort.\(^11\)

Finally, there is a long waiting list for subsidized housing in Saint John. The problem is particularly acute for non-elderly singles (particularly those aged 40 to 55) where any vacancies which arise are quickly filled from a list of 250 applicants.

---

7 Statistics Canada, Overall Poverty Rate based on Low Income Measure (LIM), 2005.
8 Statistics Canada, 2001 Community Profiles, Average Earnings (All persons with earnings), 2000 Earnings
10 See Appendix B for profiles of the vulnerable neighbourhoods.
AVAILABLE PROGRAMS AND SERVICES

Within the Greater Saint John region there are a variety of programs and services available to assist those who are homeless or at-risk of homelessness. The following agencies deliver those programs and services.

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

~ Universal Declaration of Human Rights, Article 25

SHELTERS

Coverdale Centre for Women Inc.

Coverdale Centre for Women Inc. provides programs and services to women aged 18 and over. Their residential facilities consist of a halfway house, an emergency wet shelter, and a satellite apartment unit.

The halfway house has been operational since July 2007. The facility has room for eleven (11) and runs 24/7. The average length of stay in this facility is six months to a year. This facility is for women transitioning to the community from the correctional system and for women typically committed to making significant life changes.

The emergency shelter has been operational since April 2007. As a wet shelter, it will accept individuals who are under the influence of drugs or alcohol. The shelter has ten (10) beds available and has been at capacity since opening. Prior to the emergency shelter opening, there was no “wet” facility in Saint John.

The satellite apartment unit is considered third-stage housing. They have three (3) bedrooms available, with room for five (5) clients. Coverdale also has dedicated apartments available through New Brunswick Housing in new buildings.

Other programs and services offered by the Centre include counseling, self-development programs, a drop-in centre, advocacy, referrals, and community awareness. Through the drop-in center women can find support, referrals to community services, general counseling, addictions counseling, positive recreation, self-improvement courses and educational upgrading. Self-development programs address attitudes, values, beliefs, and behaviors.

---

12 A halfway house is a rehabilitation center where people who have left an institution, such as a hospital or prison, are helped to readjust to the outside world.

13 Third-stage housing offers more independent, long-term tenancy for clients.
Other programs address youth theft deterrence, self-awareness, healthy relationships, leisure alternatives, stress management, relapse prevention, communication skills and boundaries, and anger expression for women. Coverdale also offers a women offender substance abuse program.

**Gateway to Hope Transition House (formerly Homeless Women’s Shelter Service Inc.)**

Gateway to Hope Transition House is a 24/7 short-term and emergency housing facility which opened its doors in 2000. It relocated to the North End of Saint John in 2007. They provide services to women of any age and their children. They have a 15 bed facility and three (3) staff. The length of stay varies depending on the client.

The shelter provides a variety of services to existing and past clients, as well as to others who may require assistance. Individual case plans are prepared for each client who stays at the shelter to assist them with developing goals and targets for their time at the shelter and for when they leave. There is also a basic life skills program which incorporates clients into a family-like environment where they learn cooking skills, participate in chores, and learn life skills such as budgeting. The shelter advocates on behalf of clients, accompanies them to appointments and assists in finding apartments, furniture, medical supplies, and legal assistance.

The Shelter Inclusion Project is in place to assist clients when they leave. Ongoing support is provided - referrals to community agencies, assistance with budgeting, and use of shelter facilities for laundry or meals. This project also assists those who may be referred to the Shelter but have not been a client.

**The Salvation Army – Booth Residential Services**

The Salvation Army, Booth Residential Services (BRS), is for men aged 16 and up who are homeless, seniors, mental health consumers, foster children (aged 16 to 18), refugees, and government assistance consumers. As a 79 bed facility, BRS accommodates 42 residents in its Community Housing Program and 37 residents in its Special Care Program. The building has been operating at near 100% capacity for quite some time. They have 39 staff and run a 24/7 operation. They have been in Saint John for over 100 years providing service to the community.

BRS offers the following three programs:

1. **BRS Special Care Program**
   This program is for adult (age 19+) men with psychological and/or physiological concerns. Through individualized case plans clients are provided the necessary
supportive assistance in the activities of daily living, personal counseling, recreational activities, and training in life skills.

2. BRS Community Housing Program
This program addresses the needs of three groups:
   2. Residents who have the potential to be integrated into the community through second stage programming.
   3. Residents who remain at BRS for quite some time since there is no other housing alternative and they need more support from management and staff.

3. BRS Alternatives Program
This program is a partnership with Housing Alternatives and Saint John Non-Profit Housing to move people into their own subsidized apartments.

A full range of services is available through BRS including shelter, daily meals and snacks, fellowship nights, care giving, administration of a clients’ trust account, administration of medication, laundry and housekeeping services, chapel services, pastoral care, personal counseling, transportation, recreational activities, medical assistance, family tracing, and emergency disaster relief.

The Salvation Army also has a drop-in centre location on Waterloo Street. Individuals can come for fellowship, games, coffee / tea, donuts or toast. The drop-in centre is open from nine o’clock to two o’clock, Monday through Friday.

Hestia House

Hestia House provides temporary shelter to women (aged 16 +) and children who are victims of family violence. They are a 24/7 facility which can accommodate 24 women and children. Hestia House has been running at 80% capacity since January 2007. They currently have 12 staff.

They provide a variety of services including: referrals to counseling, legal assistance, accompaniment to appointments, assistance with obtaining an income, and acquiring furnishings.

First Steps Housing Project

First Steps is a residential facility for pregnant and parenting young women (aged 16 to 29) who have no safe place to live. It has been in operation since May 2002. It offers a supportive environment to enable their clients and their children to reach their full potential.
The home provides support and guidance for moms and their babies, child care, a high-school (academic) classroom, second step housing (for those ready to transition to the next stage), and an outreach program (for previous residents). Clients learn to cook, clean, budget and grocery shop. They have capacity for 12 young women - they have eight (8) rooms for mom and baby and four (4) prenatal rooms. They are always at capacity.

The home runs 24/7/365 with 19 staff. The average length of stay is eight (8) months.

**YOUTH**

The Resource Centre for Youth (TRC)

The Resource Centre for Youth, commonly known as the TRC, provides a variety of services / programs for youth although they provide no shelter services. They have a Homeless Youth Room known as “The Oasis Room.” This is a quiet place where homeless youth can come and use shower facilities, obtain food, and various supplies such as clothing, hygiene products, kits for living on the street, and various household supplies they may need if moving to a new place.

“People have this idea of homelessness… that it has to be in your face.”

~ Alisha Anderson, Homelessness Outreach Worker, TRC

The TRC also operates a drop-in centre for youth aged 13 to 18. There is an activity room, a TV, and food is prepared every day. Youth have access to case workers, employment assistance and the sexual health centre. Other programs and services offered at the centre include tutoring, a computer access centre, self-development and anger management programs and other educational workshops. All of the programs and services at the centre are youth directed.

**Youth Choices**

Youth Choices is a program offered by the Saint John Boys and Girls Club which provides programs and services to youth (eligibility ages depend on the program or service). They provide personal, education and career coaching services for youth, counseling services for youth and their parents, intervention services, advocacy services to help meet the needs of individual youth, referrals to appropriate community and government agencies, job readiness training, resume writing, transportation benefits, academic support services, employment support services and special events.
**HOUSING**

**Saint John Non-Profit Housing Inc.**

Saint John Non-Profit Housing develops, constructs, maintains, and operates housing for low and moderate income seniors, families and special groups. They work with other community-based housing organizations and senior levels of government to exchange information and provide support.

**Housing Alternatives Inc.**

Housing Alternatives Inc. is a private, non-profit organization whose mandate focuses on the development of non-profit housing projects and the management of co-operative and non-profit housing in Saint John. They provide an entire range of services, including property management, maintenance, and bookkeeping. They currently have over 400 non-profit and co-operative housing units in the city and they service all demographics.

**Second Stage Safe Haven**

Second Stage Safe Haven provides a transition from crisis shelter service to independent living for women and children affected by family violence. They provide ongoing support, counseling and programs in conjunction with temporary, long-term, safe, affordable housing.

They have capacity for 14 families and over the course of a year they have between 28-30 women and 20-45 children. The average length of stay is between 12 and 18 months.

**FOOD SERVICES**

**Food Banks**

There are several food banks throughout the city along with a number of organizations that provide this service in conjunction with their day-to-day operations. The following is a list of these service providers:

- Church of the Good Shepherd
- The Community Food Basket of Saint John
- Crescent Valley Gospel Centre
- Edith Avenue United Baptist Church
- Forest Hill Baptist Church
- Full Gospel Assembly
- Hillcrest United Baptist Church Inc., Outreach Programs
- Kennebecasis Valley Food Basket Inc.
- Kings Way Assembly Church, Outreach Services
- Kingston Parish Hall, Outreach Programs
• Lakewood Headstart Association Inc.
• North End Food Assistance Group Inc.
• Pentecostal Assemblies of Canada
• River Road Food Bank
• Saint John East Food Bank
• Saint Jude’s Anglican Church
• The Salvation Army, Sussex Corps
• St. John’s Stone Church
• St. Mark’s United Church
• West Side Food Bank
• Westfield United Church, Food Bank Voucher Program

Many of the other service providers and organizations listed also provide food services as well. For example, the Saint John Community Chaplaincy provides lunch to over 100 people a day.

Romero House

Romero House was founded in 1982. Romero House initially began as a soup kitchen with the goal of providing one hot meal a day, seven days a week. They have expanded their services over the years to include: clothing / household items, a chapel, emergency food orders, family projects, a health care room, and a mobile service during the winter months.

HEALTH

AIDS Saint John

AIDS Saint John offers support for persons living with and/or affected by HIV/AIDS. They provide advocacy, an information line, AIDS awareness workshops, a resource library (including a question and answer section on their website), a needle exchange, referral services, public speakers, and education programs.

Community Health Centre

The Community Health Centre (CHC) opened in 1994. It is located within St. Joseph’s Hospital and is part of the Atlantic Health Sciences Corporation. The health centre works in partnership with the community, offering skills and resources to help individuals improve their health practices and also work towards building a healthier community. They offer the following comprehensive services:

1. Primary Health Care Practice: This is a service for persons without a family doctor and for those who have registered on the Atlantic Health Sciences
Corporation patient registry. A team of health professionals works together to provide primary health care to meet the needs of this specific practice population.

2. Community Programs: These programs provide residents of Greater Saint John with access to specific health professionals, educational programs/services and health information. CHC staff works in partnership with the community to address priority health issues such as poverty, domestic violence and healthy youth development. Some of the services include a Food Purchasing Club, women’s wellness programs, and outreach clinics.

3. Computer Access Centre

**Open Door Club**

The Open Door Club provides services to clients of Community Mental Health Services. It is a place where people who have mental illness can go to rebuild their lives. The participants are called members, not patients and the focus is on their strengths not their illness. Members take part in transitional employment (where they work in the community at real jobs), receive assistance in securing housing or advancing their education, and obtain psychiatric and medical care.

**OTHER**

**Family Resource Centre**

The Family Resource Centre provides information, education, and resources to caregivers of children ages six and under, and to expectant parents. They provide community links through information, referrals and a newsletter. They support families by providing family drop in sessions, parenting workshops and programs, a young mothers support group, prenatal classes for teens, crafts for moms, a community kitchen, and a resource lending library.

**Urban Core Support Network**

The Urban Core Support Network (UCSN) is an organization working to reduce poverty. They were formed in 1994 and have raised awareness about poverty issues. UCSN provides workshops and focuses on policies that are barriers to women living in poverty. A neighbourhood leadership training program (POWER UP) is currently being developed which will offer a ten (10) week program designed to help low income women take their next step toward self-sufficiency. The first program begins April 1, 2008.
John Howard Society

The Saint John branch of the John Howard Society was founded in 1952, as a criminal justice social agency. The John Howard Society provides assistance to specialized populations and their families who are at-risk of being, or are, in conflict with the law.

They have several residential facilities including:

1. Hart House Residential Centre which offers counseling, guidance, encouragement, support and programming to those individuals who come in conflict with the law. The Centre accommodates up to 16 males; and up to five (5) females in a separate facility (in partnership with Coverdale Centre for Women – Halfway House);

2. Grant Group Care Home, a co-ed young offender residential centre, which can accommodate up to six (6) youth;

3. An emergency crisis unit for youth (aged 12 to 18) providing short-term residency for up to five (5) youth without residence in partnership with the Department of Social Development; and

4. Loch Lomond Youth Adult Facility, a specialized longer term residential facility designed to support clients who have a mental illness and require 24 hour supervision.

The John Howard Society provides programs for youth and adults. Programs for youth include anger control, emotional / basic life skills program, substance abuse awareness, family enrichment (for teens and their families), violence awareness and prevention, Reconnect (social development for out of school youth), intensive learning centre (an alternative school), intensive support program (for youth involved with the Department of Public Safety), an attitudes, beliefs, and values program, summer workshop program (providing opportunities and community connection) and employment counseling. Programs for adults include employment services, career placement program (primarily trades), education (adult CALP – Community Adult Literacy Program), addiction awareness, correctional programming in the community and jail, family support program, a van visitation program (providing transport for families to visit loved ones in institutions), material aid (provision of resources for those in need), training programs for professionals in residential care, prevention of abuse and neglect, boundaries, conflict resolution, first aid / CPR, non-violent crisis intervention, facilitation, and management training.

The Society also offers temporary emergency shelter accommodations for homeless men. Many of the adult and youth clients who use the services of the John Howard Society are in a state of homelessness. They are either exiting the prison system or already living within the community. John Howard Society acts as a vital resource for client referrals to community services.
Saint John Community Chaplaincy

The Saint John Community Chaplaincy is an interdenominational community devoted to the support of those in our neighbourhood who have been released from prison, those with family members in prison, and to the promotion of a greater understanding of the criminal justice system.

The Chaplaincy provides one-on-one counseling, a 12 step program, seminars and speaking engagements, outreach at provincial and federal institutions as well as local groups, schools, community centres, hospitals. They also have a daily lunch, a drop-in centre and a food, clothing, and furniture bank.

ONE Change Inc.

ONE Change is a group working to improve the quality of life in the Old North End. The group is comprised of residents, youth, building owners, school officials, the provincial MLA, and city officials. Activities include community clean-ups, special guests and educational speakers, wellness activities, youth health clinics, and environmental improvements.

ONE Change identified a gap in services for youth aged 16-21. They implemented a new program, called ONE LIFE (Living Independently for Education) where participants can be housed in apartments arranged by ONE Change through their non-profit housing and landlord partners. The ONE LIFE program not only provides housing, but also education, counseling, mentoring and support services and life skills to youth who are homeless or at-risk of homelessness between the ages of 16-21.
SHELTER CAPACITY

There are 151 shelter spaces available within the City of Saint John. This category includes emergency shelters, transition and halfway houses. Seventy-nine spaces are dedicated to men and the remaining 72 are for women and children.

The Saint John Branch of the John Howard Society will also provide emergency shelter to men when they have capacity. They are not included in the count because they do not have a dedicated number of spaces specifically reserved for this.

Shelter Capacity by Gender
Every shelter indicated that they were at or near capacity. Statistics Canada, in census years 2001 and 2006 performed a point in time estimate for the shelter population of the Saint John CMA. In 2001, it was concluded there were 90 individuals using shelters (85 male and 5 female) on census day. Data from the 2006 Census will be released later this year.

There is also supportive housing available through Coverdale, the Salvation Army, ONE Life (ONE Change), and Second Stage Safe Haven. In total there are 25 units, two which accommodate two people each, six are for individual youth, three units house a total of five people, and 14 are one, two and three bedroom units for families.

**Number of Supportive Housing Units**

- Second Stage Safe Haven (One, Two, and Three Bedroom Apartments)
- Salvation Army - Booth Alternative Housing (2 people per unit)
- Coverdale Satellite Apartment (3 units for 5 people)
- ONE Life (1 person per unit)
USAGE

Each service provider or organization maintains records on usage of their facility or participation in their programs. The following are 2007 statistics from the shelter providers in the region.

1. Gateway to Hope Transition House

<table>
<thead>
<tr>
<th>2007</th>
<th>Number of Clients</th>
<th>Nights of Shelter Provided</th>
<th>Outside Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>270 (Shelter)</td>
<td>2,760</td>
<td>104 (Shelter Inclusion)</td>
</tr>
<tr>
<td></td>
<td>52 (Shelter Inclusion)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. John Howard Society (JHS) – Saint John Branch

<table>
<thead>
<tr>
<th>2006-2007</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>533 (Adult Program Services)</td>
</tr>
<tr>
<td></td>
<td>242 (Youth and Family Program Services)</td>
</tr>
</tbody>
</table>

JHS assisted 38 homeless individuals through their residential care facilities. These are individuals who are homeless (aged 18 and over) requiring shelter who have come from the streets or have just been released from a jail or halfway house with no means of shelter.

3. Coverdale Centre for Women

<table>
<thead>
<tr>
<th>Jan. 1, 2007 – Feb. 27, 2008</th>
<th>Number of Clients</th>
<th>Total Days of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90 (Wet Shelter)</td>
<td>3,539 (Wet Shelter)</td>
</tr>
<tr>
<td></td>
<td>54 (Halfway House)</td>
<td>3,474 (Halfway House)</td>
</tr>
</tbody>
</table>

Please note that the Halfway House opened in July 2007 and the Wet Shelter in April 2007.

4. Hestia House

<table>
<thead>
<tr>
<th>2007</th>
<th>Number of Clients</th>
<th>Total Days of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>182</td>
<td>4,540</td>
</tr>
<tr>
<td></td>
<td>(34 families, 196 admissions)</td>
<td></td>
</tr>
</tbody>
</table>
5. The Salvation Army – Booth Residential Services (BRS)

The Salvation Army BRS measures their statistics in bed days. Bed days are calculated by multiplying the total number of beds by the number of days available in the month. The yearly statistics for 2007 are the totals from all twelve months.

<table>
<thead>
<tr>
<th>2007</th>
<th>Bed Days Available</th>
<th>Bed Days Used</th>
<th>Capacity Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28,104</td>
<td>27,612</td>
<td>98.25%</td>
</tr>
<tr>
<td></td>
<td>(12,432 Special Care Program; 15,180 Community Housing Program)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. First Steps Housing Project

<table>
<thead>
<tr>
<th>2007</th>
<th>Number of Clients</th>
<th>Total Days of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>76 (women and children)</td>
<td>6,531</td>
</tr>
</tbody>
</table>
SCOPE OF THE PROBLEM

NUMBERS

How many homeless are there in Saint John? It’s not possible to offer a precise number. Unlike some large Canadian cities, we do not conduct homeless “counts” in order to determine the number of homeless individuals. This is what we know:

1. There are 151 shelter beds in the community. Shelter operators claim to be at or near capacity most nights;
2. In 2007 the HDC undertook a homeless youth survey that revealed 45 youth who were “hidden homeless” (moving among temporary housing arrangements provided by strangers, friends or family). Currently, there is no youth shelter in the city;

Based on the foregoing it is estimated that there are at least 200 homeless individuals in Saint John. That number is not disputed by any of the shelter providers in the city. This is a conservative estimate and does not include adults who are “hidden homeless” or those who are at-risk of homelessness.

It is worth noting that the Atlantic Health Sciences Corporation – Region 2 (an area from Sussex to St. Stephen with 176,000 people) has reviewed current literature and used models / formulas from British Columbia and Ontario to estimate that between 311 and 622 adults with severe addictions and/or mental illness could be homeless in Health Region 2.

GAPS

Youth Services

“People treat me differently because I am living on the streets and they don’t live that life.”

~ Homeless youth

There are gaps in the services and programs that are offered to those who are homeless or at-risk of homelessness. A glaring one is services for youth. One stakeholder referred to it as the
“16 to 18 year old black hole.” As indicated in *Youth Homelessness in Saint John*, a report produced by the Human Development Council in February 2007, there were more than 45 young people in Saint John who found themselves without a home. In Saint John there is a lack of facilities – particularly an emergency shelter – to support homeless or at-risk youth. For those aged 16-18 who live outside their parental home, they do not qualify for social assistance unless they are attending school. In this case they are deemed youth at-risk, which may qualify them for special benefits. In these cases the individual must contact the Department of Social Development (formerly the Department of Family and Community Services) for a social assessment to determine eligibility.

**Mental Health and Addictions Services**

Stakeholders indicated that services for those with mental health issues or addictions are inadequate. Moreover, many of those with a mental health illness become disconnected from services if they do not meet all of their scheduled appointments.

A mental health illness or disorder is both a pathway to homelessness and a factor lengthening a person’s time in homelessness. Studies indicate that people who are homeless are more likely to experience compromised mental health and difficulties accessing health services than others. Almost all of the stakeholders interviewed discussed instances where they are dealing or have dealt with clients who have mental health issues. While accurately measuring mental health status and mental illness among Canada’s homeless population, as well as their use of appropriate mental health services is complicated, a number of studies from across the country have reported higher rates of mental illness among the homeless than among the general population.

For those with addictions, there are long wait lists for programs and in some cases there are no facilities available (ex. long-term care facility for women).

A significant increase in opiate drug use in the past five years has placed an increasing strain on resources, particularly on the twenty bed detox facility through Ridgewood Addiction Services. Alcohol detoxification is completed within five (5) to seven (7) days while cocaine and a number of other drugs take slightly longer.

---

14 Stakeholder meeting, The Resource Centre for Youth (TRC), Scott Crawford, October 29, 2007


17 Ibid.
longer. Detoxification from opiates (In 2004 / 2005 more than 300 admissions identified opiates as their drug of choice.) takes from two (2) to three (3) weeks and clients unable to access methadone maintenance tend to relapse quickly. While all clients are triaged and those at-risk or in crisis are given priority, opiate clients can wait as long as two months for admission. Requests for admission to the methadone maintenance program have increased by more than 70 percent between January 2005 and 2007. There is a current wait list in excess of 100 applicants.18

When the two problems are coupled together, the outlook is bleak.

The Next Decade: Added Pressures

There is unprecedented economic growth anticipated for the Saint John region over the next several years. Many large energy related projects are underway or in the planning stage. They include: the LNG terminal, the refurbishment of Point Lepreau, the Brunswick Pipeline, a second nuclear reactor, the potash mine in Sussex, and a new oil refinery (Eider Rock).

Throughout the interview process concern was expressed about the potential negative consequences that could accompany rapid economic growth. Housing was consistently raised as an area of concern – if supply and affordability are issues now, it is foreseeable that this problem will worsen.

Many assume that continued economic growth will lift the fortunes of all Canadians, yet evidence shows a growing income gap and housing affordability challenges for millions of Canadians. Similarly many residents in Saint John might assume that the anticipated economic growth would only help, not hinder the community. The challenge is to ensure that no one is left behind and that the benefits of an improved economy flow to all our residents.

Funding

Funding for the various agencies offering services and programs for the homeless is provided principally by government. The challenges faced by the non-profit sector in dealing with government were recently summed up in Blueprint for Action, the report of the Premier’s Community Non-Profit Task Force. They are worth repeating:

“The community non-profit sector has been devastated by decreased and unreliable funding over the past twenty years. Government eliminated core

18 VitalSigns 2007, Atlantic Health Sciences Corporation, Ridgewood Addiction Services
operating funding, which has resulted in ongoing competition within the non-profit sector for project funding, draining time and resources away from programs and into proposal writing.” (p.15)

The funding of shelters in Saint John is uneven. Some are adequately funded by government while others serving the same population are denied resources. If the government is going to refer homeless individuals to local service providers, there is a commensurate responsibility to ensure that these facilities are resourced at an appropriate level.

The Cost of Homelessness

Many organizations and studies have concluded that the cumulative public costs of maintaining homeless individuals in shelters, emergency rooms, through social services and front-line agencies are far greater than providing individuals with supported (whether minimal or high level) living arrangements. The British Columbia government estimated that the cumulative public costs of maintaining a homeless adult was $30,000 to $40,000 a year. On the later, a small one-bedroom apartment with minimal support services would cost $11,100 to $13,700 annually.

To house a person in a psychiatric hospital costs between $200 to $600 per day or $72,000 to $222,000 per year. To house the same mentally ill homeless person in a one-bedroom apartment with a high level of support would cost $100 to $150 per day or $36,000 to $55,000 per year.19

The math speaks for itself.

Food Security

Access to affordable nutritious food was another identified gap. While there are places that homeless individuals can go to access meals - Romero House, the Salvation Army, the Saint John Community Chaplaincy, the Open Door Club, the food bank, and various community churches - there are barriers to obtaining three healthy meals per day.

“The human impact of having no home, no social network and no funds is very dramatic. They produce a disconnection from what it is to be a social being because we define ourselves by where we live, whom we know and what we own. Without a home, friends and money, we are invisible and meaningless.”

~ James Hughes, Director, Old Brewery Mission, Online Blog

---

The Saint John Community Health Centre recently concluded that it costs a 40 year old male a minimum of $162.80 ($551.38 for a family of four) per month to eat in accordance with the Health Canada’s National Nutritious Food Basket.\textsuperscript{20}

This clearly represents an obstacle to those who are homeless or at-risk of being homeless. It was also noted that few evening meals are available at little or no cost and that it was near impossible to have dietary restrictions accommodated.

Gathering Data

There is no central clearing house for homeless data. Not having a clear picture of Greater Saint John’s homeless population has wide-ranging consequences. Not knowing how many homeless individuals there are, who they are and what their needs are, can make it difficult to accurately determine the need for, or effectiveness of, polices, programs, and services. Data maintained at the local level can help communities understand the contributing factors to homelessness, the characteristics and service needs of those served, and the progress of those leaving the system.

The Homeless Individuals and Families Information System (HIFIS) Initiative is a component of the federal government’s Homelessness Partnering Strategy. It was launched in 2001 aimed at preventing and reducing homelessness by increasing knowledge and understanding of homelessness issues. An important component of the HIFIS Initiative is the HIFIS software. It is provided free of charge and is a records management system used by hundreds of homeless shelters and transition homes in Canada. It provides shelter operators with a user-friendly method of collecting important information on the shelter-using community. The software, training and technical support are available free-of-charge for the system as well as computers and Microsoft software.

Other

Other areas that were identified as issues or gaps include:

- a lack of coordination of services;
- common guidelines and requirements for like services (for example shelter guidelines);
- transportation;
- access to counseling;
- the administration of income assistance (including lack of support services and inadequate amounts); and
- barriers to economic self-sufficiency (for example economic unit policy and wage exemption restrictions for income assistance recipients).

FINDINGS and RECOMMENDATIONS

It is of the utmost importance that the community begins to close the gaps that have been identified around homelessness. We can no longer continue to rely on the model where a service is provided and then no supports are put in place to ensure long-term success.

“People who are in denial about it, I think it is they don’t want to think about it. If they do, they feel like that have to do something about it, and they don’t know what to do.”

~ Sheltered homeless individual

Overcoming homelessness needs each level of government to play its part.

The federal government can:
1. Renew the Homelessness Partnering Strategy funding set to expire in 2009; and
2. Renew the Canada-New Brunswick Affordable Housing Program which is set to expire in 2009.

The provincial government can:
1. Provide adequate sustainable funding for current shelter facilities in our community so that, the shelter community can turn its full gaze upon reducing the number of people that actually use the facilities versus constantly worrying about keeping the doors open; and
2. Invest new resources in existing programs and services (to expand or enhance them) prior to creating new programs and services that may result in duplication.

The municipal government can:
1. Lobby senior levels of government for more and better services for those homeless or at-risk of being homeless;
2. Enforce minimum standards and bylaws to ensure safe and affordable housing for all;
3. Appoint the councilor with the portfolio on social development to the Greater Saint John Homelessness Steering Committee (see recommendation below); and
4. Keep in mind the homeless population of Greater Saint John and the shelter community when determining priorities, budgets and policies.
Local service providers and organizations also have to be part of the solution.

1. **It is recommended** that a steering committee be formed for the Greater Saint John region similar to the Greater Moncton Homelessness Steering Committee. This would be an inter-agency committee representing all agencies in Greater Saint John that work with the homeless population and those at-risk of becoming homeless. The Greater Saint John Homelessness Steering Committee (GSJHSC) would provide leadership and coordinate communication among stakeholders and service providers. It will work to create public awareness about issues surrounding homelessness, poverty and housing. The Steering Committee will provide renewal in relationships with community partners and it will permit easy referrals and collective follow-up, which in return will result in very positive benefits to homeless people.

2. **It is recommended** that a Homelessness Coordinator be hired. This position would be responsible for coordination and administrative duties related to the GSJHSC. The coordinator would assist service providers and organizations with raising the profile of homelessness in the region through research and community events, maintaining data and statistics for the region, and advocating on behalf of the service providers and organizations. They could also assist in developing a comprehensive list of what services and supports are available. This would provide organizations with an understanding of who does what so that have the ability to refer to other agencies, it would let funders know who is doing what, it would identify the gaps in programs and services, monitor usage, and provide access to information for clients no matter where they go. Newfoundland has developed an enviable model which should be examined.

3. **It is recommended** that all shelters and service providers (who are not already currently using the system) in the region adopt the use of the HIFIS system.

The community must also participate:

1. **It is recommended** that an annual report card on homelessness be issued. This publication could be similar in format to the Child Poverty Report Card or VitalSigns® publications already prepared for the region by the HDC. It could measure the number of evictions, number of people using shelters, provide

   “Hand-outs are not the answer: What is needed is a thorough and well planned system of social programs and opportunities for skills upgrading, building confidence... (and) housing at a reasonable cost to those who need it the most. Only then will the homeless truly feel they are not hopeless in the eyes of society.”

   ~ Peter, formerly homeless, quoted in Homeless Voices, Toronto Healthy City Office, 1997
statistics on food bank use, use of health and mental health services, and numbers of those on housing waiting lists. This report card would not only assist in developing trend data, but would also continue to generate awareness around the issue in the region.

Individual citizens can:
1. Become informed and learn about homelessness, its causes, warning signs, consequences and solutions;
2. Keep updated on new initiatives, media topics and emerging issues about homelessness; and
3. Advocate on behalf of the homeless, volunteer their time or expertise, and help spread the message.\textsuperscript{21}

\textsuperscript{21} See Appendix D for Homelessness Awareness Day Fact Sheets.
CONCLUSION

The community needs to take action. Homelessness is an issue that affects us all.

Here are some final thoughts to consider:

- Government needs to take an active, not passive role, in addressing homelessness.
- The community as a whole needs to work together and coordinate the resources in order to effectively assist the needs of homeless individuals.
- Program and service providers need to practice a more collaborative approach. They need to remove the “us versus them” mentality and focus on doing what they do best and invest in potential partnerships.
- Experiment with numerous alternatives. The status quo is not working, so step up and generate new ideas, expand or enhance existing programs, and develop solutions that are not “one-size fits all.”
- Start talking about and putting in place programs that put people on the road out of homelessness (no matter what form). Move them along the housing continuum and do not assume that providing shelter is the only solution.
- Invest in current programs and services and utilize the knowledge and expertise that already exists right here in our community.
- Go to the source. Listen to people who have lived the experience or who are living it and remove the stereotypes that exist.
REFERENCES


Metcalf Foundation. (2007). *Why is it so tough to get ahead? How our tangled social programs pathologize the transition to self-reliance*. John Stapleton


APPENDIX A

Glossary of Terms
At-Risk Homeless or Unstably Housed

The term “at-risk” refers to individuals or families who are at imminent risk of eviction from their current housing, who pay too high a proportion of their income for housing, or who live in unacceptable housing. At-risk of homelessness also includes those who will be discharged from the criminal justice system, those who are leaving a health facility after an extended stay, and youth exiting the child welfare system and who do not have suitable housing in place prior to their discharge.

Hidden Homeless

The term refers to individuals or families living in locations not intended for human habitation (ex. abandoned buildings) and/or continuously moving among temporary housing arrangements provided by strangers, friends or family.

Living on the Street or Chronic Homeless (Absolute Homelessness)

The term “living on the street” refers to individuals or families who, because of a lack of secured housing, live on the street. The term chronic homeless refers to those individuals or families who, because of a lack of secured housing, live on the street for a predominant period of time over the course of a year(s). These individuals or families might access some services from time to time, but will use available sheltering facilities only in exceptional circumstances (ex. a very cold night). Many individuals chronically living on the street have challenges forming long-term connections to services because of personal life issues or unsuccessful histories with the “system.”

Sheltered Homeless

The term refers to individuals or families who stay temporarily in emergency and/or transitional housing. Some individuals or families may be one or two-time users (crisis sheltered). Other (episodically sheltered) may access shelters multiple times through the year, seeking assistance, but who are not necessarily able or ready to form the long-term connections necessary to move to stable housing (this inability could be due to a number of reasons, including longer duration accessibility of the sheltering facilities, lifestyle choices, sickness, mental illness, etc.)
Continuum of Housing and Supports

The “continuum of housing and supports” is a holistic approach to addressing the needs of the homeless and at-risk populations, from prevention through to supportive housing, and includes all supports and services that would be needed to assist a homeless person, or someone at risk of becoming homeless, in achieving housing and income stability.

Emergency Shelter

Housing facilities providing temporary and short-term beds or mats (from a few days up to three weeks) to individuals and families who are experiencing homelessness; it may includes supports such as food, clothing and counseling. Typically these facilities provide single or shared bedrooms or dorm-type sleeping arrangements that can include seasonal beds/mats. May also include motels and other types of temporary sheltering facilities.

Transitional Housing

Housing facilities that provide services beyond basic needs and that, while not permanent, generally allow for a longer length of stay than emergency housing facilities (up to three years). These facilities offer more privacy to residents than emergency housing and place greater emphasis on participation. They are targets to those in need of structure, support, and/or skill-building to move from homelessness to housing stability, and ultimately to prevent a return to homelessness.

Supportive Housing

Housing for individuals and families that includes supports and services integrated into the housing, and non length-of-stay duration. Services depend on clients’ needs and help residents maintain independence and stability to promote social inclusion.

Affordable Housing

Affordable housing includes public housing and other housing which has been built under a government affordable housing program, non-profit housing, co-op housing and rent supplement units in the private rental sector. Co-op housing is membership-owned affordable housing, with specific admittance requirement and regulations legislated at the federal and provincial level. A rent supplement is a subsidy that enables a low income renter to live in acceptable housing owned by private landlords, non-profit or co-operative housing groups.

APPENDIX B

Vulnerable Neighbourhood
Community Profiles
### Overview of Old North End & Socio Demographic Profile

<table>
<thead>
<tr>
<th>Statistical Profile of Old North End</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>3,340</td>
</tr>
<tr>
<td>% of Females</td>
<td>640</td>
</tr>
<tr>
<td>% of Males</td>
<td>600</td>
</tr>
<tr>
<td>Total Average Income $</td>
<td>$85.699</td>
</tr>
<tr>
<td>Female Average Income $</td>
<td>$33.688</td>
</tr>
<tr>
<td>Male Average Income $</td>
<td>$52.103</td>
</tr>
<tr>
<td>Occupied Private Dwellings</td>
<td>655</td>
</tr>
<tr>
<td>Total Number of Census Families in Private Dwellings</td>
<td>640</td>
</tr>
<tr>
<td>Dwellings Owned</td>
<td>200</td>
</tr>
<tr>
<td>Average Dwelling Value $</td>
<td>$62.668</td>
</tr>
<tr>
<td>% Lone Parent Families</td>
<td>250</td>
</tr>
<tr>
<td>% Female Lone Parent Families</td>
<td>235</td>
</tr>
<tr>
<td>% Male Lone Parent Families</td>
<td>15</td>
</tr>
<tr>
<td>% of Families Headed by a Single Mother</td>
<td>41.6</td>
</tr>
<tr>
<td>% of Children Under 6 Years of Age</td>
<td>9.5</td>
</tr>
<tr>
<td>% of Families Under 6 Years of Age</td>
<td>9.5</td>
</tr>
<tr>
<td>% of Dwellings Constructed post 1991</td>
<td>89.9</td>
</tr>
<tr>
<td>% of Dwellings Constructed pre 1961</td>
<td>83.2</td>
</tr>
<tr>
<td>Total Population &gt; 20 Years of Age</td>
<td>1,590</td>
</tr>
<tr>
<td>Total Population &gt; 20 Years of Age Without High School</td>
<td>413</td>
</tr>
<tr>
<td>Total Population &gt; 20 Years of Age With Post Secondary Education</td>
<td>620</td>
</tr>
<tr>
<td>% of Population as a Visible Minority</td>
<td>261</td>
</tr>
<tr>
<td>Population Falling Below LICo</td>
<td>795</td>
</tr>
<tr>
<td>Incidence of Low Income (%)</td>
<td>31.5</td>
</tr>
</tbody>
</table>
APPENDIX C

Stakeholder Consultations
• AIDS Saint John
• Anne Marie Creamer, Nurse Practitioner, Atlantic Health Sciences Corporation, Mental Health Program, Primary Care
• Atlantic Health Sciences Corporation, Open Door Club
• Business Community Anti-Poverty Initiative (BCAPI)
• Community Health Centre
• Coverdale Centre for Women Inc.
• Dianne McCormack, Professor, Department of Nursing, UNB Saint John
• Family Resource Centre
• First Steps Housing Project Inc.
• Gateway to Hope Transition House (Homeless Women’s Shelter Service Inc.)
• Hestia House
• Housing Alternatives
• John Howard Society
• ONE Change Inc.
• ONE Life
• Provincial Department of Family and Community Services (Department of Social Development)
• Saint John Community Chaplaincy
• Saint John Non-Profit Housing
• Saint John Volunteer Centre
• Salvation Army, Residential Booth Services
• Second Stage Safe Haven
• The Resource Centre for Youth (TRC)
• Urban Core Support Network
• Youth Choices

A Portrait of Homelessness in Greater Saint John
APPENDIX D

Homelessness Awareness Day
Fact Sheets
Myths about Homelessness

**Myth:** All homeless people are mentally ill, drug addicts or alcoholics.
**Reality:** Our homeless also includes seniors facing rent increases, women and their families transitioning from abusive relationships, the working poor, youth who left government care with no transitional help, and low-income families unable to find affordable housing.

Insufficient treatment and support services for people with mental illness, disabilities or substance abuse issues can make it difficult for them to find and maintain adequate housing. However, these people only make up a portion of Greater Saint John's homeless population.

**Myth:** It is easy to see people who are homeless.
**Reality:** All too familiar with the homeless people who live on the streets, parks or doorways, we rarely see the majority of those without homes - the hidden homeless. This includes people who live in their cars or find temporary beds: other people’s couches, garages, church basements, welfare motels or abandoned buildings. They are adults with full-time jobs, seniors on fixed incomes and children. These are the homeless we don’t see.

**Myth:** Most homeless people choose to be homeless.
**Reality:** People don’t want to be homeless; 97 percent of homeless people wish to have homes. Survival involves inadequate medical services, poor nutrition, sexual victimization, harassment and physical assault. They constantly search for shelter, and experience poor prospects for employment or appropriate permanent housing, social isolation, and the development of mental health and substance abuse problems. No one “chooses” what this lifestyle brings.

**Myth:** Most homeless people are to blame for their situation.
**Reality:** The spiral from stability to homelessness can occur in a short period of time. For some, the path to homelessness is a matter of multiple barriers such as mental health issues, disability, addiction and social issues. Others may be transitioning abusive situations and have nowhere else to go. For many it is an issue of money and housing affordability. Whether it's a senior on a fixed income facing rent increases, a single mom who suddenly loses her job or a young adult making minimum wage, many are only one pay cheque away from homelessness.

**Myth:** Youth are on the street because they think it’s cool and have run away from home because they don’t want to follow household rules.
**Reality:** Abuse and neglect are two of the main reasons youth leave home. Many studies show that nearly 70 percent of homeless youth have experienced some form of sexual, physical or emotional abuse. There are also many street youth who are wards of the state and have no home. High rental prices can also make
it difficult to rent a home when making minimum wage.

**Myth: There’s always a place for someone to live if they really want one.**
**Reality:** With rising rental prices and low vacancy rates, affordable housing is a major issue for people who are homeless or at-risk of being homeless.

**Myth: It’s impossible for an individual to make a difference in solving homelessness.**
**Reality:** People can and are making a difference in solving homelessness. Organizations and charities that help men, women, children, seniors and parents in our community to overcome homelessness rely on community support. They are able to do this one volunteer and donation at a time.
Homeless and Housing Definitions

Types of Homelessness

At-Risk Homeless or Unstably Housed: The term “at-risk” refers to individuals or families who are at imminent risk of eviction from their current housing, who pay too high a proportion of their income for housing, or who live in unacceptable housing. At-risk of homelessness also includes those who will be discharged from the criminal justice system, those who are leaving a health facility after an extended stay, and youth exiting the child welfare system and who do not have suitable housing in place prior to their discharge.

Hidden Homeless: The term refers to individuals or families living in locations not intended for human habitation (ex. abandoned buildings) and/or continuously moving among temporary housing arrangements provided by strangers, friends or family.

Living on the Street or Chronic Homeless: The term “living on the street” refers to individuals or families who, because of a lack of secured housing, live on the street. The term chronic homeless refers to those individuals or families who, because of a lack of secured housing, live on the street for a predominant period of time over the course of a year(s). These individuals or families might access some services from time to time, but will use available sheltering facilities only in exceptional circumstances (ex. a very cold night). Many individuals chronically living on the street have challenges forming long-term connections to services because of personal life issues or unsuccessful histories with the “system.”

Sheltered Homeless: The term refers to individuals or families who stay temporarily in emergency and/or transitional housing. Some individuals or families may be one or two-time users (crisis sheltered). Other (episodically sheltered) may access shelters multiple times through the year, seeking assistance, but who are not necessarily able or ready to form the long-term connections necessary to move to stable housing (this inability could be due to a number of reasons, including longer duration accessibility of the sheltering facilities, lifestyle choices, sickness, mental illness, etc.)

Continuum of Housing and Supports: The “continuum of housing and supports” is a holistic approach to addressing the needs of the homeless and at-risk populations, from prevention through to supportive housing, and includes all supports and services that would be needed to assist a homeless person, or someone at risk of becoming homeless, in achieving housing and income stability.

Emergency Shelter: Housing facilities providing temporary and short-term beds or mats (from a few days up to three weeks) to individuals and families who are experiencing homelessness; it may include supports such as food, clothing and
counseling. Typically these facilities provide single or shared bedrooms or dorm-type sleeping arrangements that can include seasonal beds/mats. May also include motels and other types of temporary sheltering facilities.

**Transitional Housing:** Housing facilities that provide services beyond basic needs and that, while not permanent, generally allow for a longer length of stay than emergency housing facilities (up to three years). These facilities offer more privacy to residents than emergency housing and place greater emphasis on participation. They are targets to those in need of structure, support, and/or skill-building to move from homelessness to housing stability, and ultimately to prevent a return to homelessness.

**Supportive Housing:** Housing for individuals and families that includes supports and services integrated into the housing, and no length-of-stay duration. Services depend on clients’ needs and help residents maintain independence and stability to promote social inclusion.

**Affordable Housing:** Affordable housing includes public housing and other housing which has been built under a government affordable housing program, non-profit housing, co-op housing and rent supplement units in the private rental sector. Co-op housing is membership-owned affordable housing, with specific admittance requirements and regulations legislated at the federal and provincial level. A rent supplement is a subsidy that enables a low income renter to live in acceptable housing owned by private landlords, non-profit or co-operative housing groups.
Ways YOU Can Help Solve Homelessness

- Get informed. Learn about homelessness, its causes, warning signs, consequences and solutions. Keep updated on new initiatives, media topics, and emerging issues about homelessness. Spread the information and let others know how they can get involved.

- Respect homeless people as individuals and respond with kindness.

- Advocate on behalf of homeless. Write letters to the editor of the newspaper supporting housing and assistance for homeless people. Support local projects that provide homes for those who need them.

- Write a letter to the elected officials that represent your area (municipal, provincial and federal). Let them know how homelessness affects you and your community.

- Volunteer your time and skills and contribute to the work of a local charity or community agency that’s working to help our homeless and create housing.

- Invite speakers on homelessness and housing to your organization, school, business, or community events.

- Donate in-kind contributions through you business. For example, if you own an accounting firm, consider donating your services for a few hours once a month to an agency.

- Organize a fundraising event in your school, neighbourhood or workplace, make it a family project.

- Help people find and keep jobs by donating clothing, money for transportation or bus tickets and passes, and tools for trades. These donations are always needed year-round and can be made to any social service agency that helps people who are homeless or at-risk of being homeless.

- Help support affordable housing projects in your neighbourhood - help dispel not in my backyard (NIMBY) attitudes.

Adapted with permission from the Victoria Steering Committee on Homelessness (www.ourwayhome.ca)